

REQUEST FOR FIRST ACTION INTERVIEW (PILOT PROGRAM)

Attorney Docket Number:	Application Number (if known):	Filing date:
10022-350	10/634,250	August 5, 2003
First Named Inventor:	Title: Methodology Framework and Delivery Vehicle	

APPLICANT HEREBY REQUESTS A FIRST ACTION INTERVIEW IN THE ABOVE-IDENTIFIED APPLICATION. See Instruction Sheet on page 2.

1. The application must contain three (3) or fewer independent claims and twenty (20) or fewer total claims.
2. The application must not contain any multiple dependent claims.
3. By filing this request:
Applicant is agreeing not to request for a refund of the search fee and any excess claims fee paid in the application after the mailing of the preliminary first action prepared by the examiner.
4. Other attachments: _____

Signature	Date
Robert D. Summers Jr.	4/28/2008
Name (Print/Typed)	Registration Number
57,844	

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature. If necessary, submit multiple forms for more than one signature, see below.

Total of 1 forms are submitted.

The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the estimate of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.